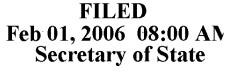
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M0400000118



1. Entity Name SCI CARIBBEAN ISLE FUND 9, LLC						Ο.	ecretary	oi Stau	
Principal Place of Business Mailing Address 11620 WILSHIRE BOULEVARD 701 EAST BYRD STREET, LOS ANGELES, CA 90025 RICHMOND, VA 23219			T, 15TH FLOOR						
2. Principal P	Place of Business	3. Mailing Address	Aailing Address						
Suite, Apt.	#, etc.	Suite, Apt, #, etc.			01122006	Chg-LLC	CR2E083 (11/0)5)	
City & State		City & State			4. FEI Number Applied For NOT APPLICABLE X Not Applicable				
Zip	Country Zip		Country		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street A	ddress (P.	O. Box Numbe	r is Not Acceptab	le)		
			City		· · · <u>- · · · · · · · · · · · · · · · ·</u>	············	FL Zip C	Code	
	named entity submits this statement fillins of registered agent.	or the purpose of changing its	registered office or	registered	d agent, or both	n, in the State of F	lorida. I ām familiar w	ith, and accept	
SIGNATURE	Signature, typed or printed name of registered agen	and title it applicable (NOTE	. Registered Agent signatu	ire recuired w	hen reinštāting)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						Florid	ke check payable t la Department of S		
9.	MANAGING MEMB		10.				CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	PHILLIPS, WAYNE E 256 PRESIDENT STREET DUNEDIN, FL 34698	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/11/00 02/11/06	0413777 ^{— Chan} -80010-003	ge 🗆 Addition 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Selete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge 🔲 Addilløn	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Chan	ge 🗋 Addillon	
11. I hereby	certify that the information supplied wit	h this filing does not quality for	the exemptions co	ntained in	Chapter 119, I	Florida Statutes, I	further certify that the	information	

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company of the required procesure this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

727 686 Daytime Phone #